



SPECIAL VISIT REQUEST

Offender Name	DOC Number
Living Unit	Date

DATE(S) AND TIME(S) OF REQUESTED VISIT(S):

DATE	START TIME	END TIME

INTENDED VISITOR (S):

NAME	SS#	DOB	RELATIONSHIP	CITY/STATE

Reason for Visit: _____

Offender Signature _____ DOC Number _____

File materials, Documents and/or Contacts verify accuracy of the above: _____
Counselor's Signature & Date

CUS's Signature & Date _____ Visit Sgt's Signature & Date _____

NCIC/WACIC/DISC CLEAR? ☐ YES ☐ NO _____
Staff Signature & Date (for Criminal History Check)

Approver's Signature _____ ☐ Approved ☐ Denied _____
Date

Comments: _____

The contents of this document may be eligible for public disclosure. Social Security numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.